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NEWS FOR THE UCSF CAMPUS COMMUNITY VOL. 14, NO. 15 JULY 30, 1999

UCSF Stanford board postpones decision about Mount Zion's future

BY LISA CISNEROS

LISA CISNEROS

Isaac Stein, chair of the UCSF Stanford board of directors, speaks to the news media while Haile Debas, dean of the School of Medicine looks on.

After hearing strong support for UCSF/Mount Zion, the UCSF Stanford Health Care board of directors last Friday agreed to defer the decision to change patient services at the 113-year-old hospital for three weeks so it can explore alternatives.

"We're very pleased that the board has listened to our concerns," said Jeffrey Pearl, Mount Zion chief of staff. "This is the best outcome we could have hoped for given the circumstances."

Pearl said he and other Mount Zion faculty and staff would make themselves available to discuss a long-term strategy for preserving Mount Zion's stellar patient care, teaching and research endeavors.

The board had considered three options, two of which involve closing Mount Zion's inpatient units and the emergency department and expanding those services at UCSF Medical Center, to stem financial losses at the two UCSF hospitals.

For details of the pros and cons of the three options presented by UCSF Stanford administrators, please see page 7.

"This was an extremely useful day for the board, and it gave us some issues to think about that we want to explore further," said board chair Isaac Stein at a press conference to announce the decision. Reading from a statement, he said, "We want to ensure that we are thorough in our deliberations."

Stein said the board would hold a special meeting to discuss Mount Zion's future in about three weeks with the exact date to be set later. Meanwhile, a state audit of UCSF Stanford's finances is due to be completed at the end of August.

UCSF Stanford ended June with a $5 million operating loss, bringing the total year-to-date deficit to $56.5 million, reported Larry Furnstahl, chief financial officer. Together, the UCSF Medical Center and Mount Zion account for $58 million of the projected $60 million total deficit this fiscal year.

Despite $170 million in ongoing cost reductions across the UCSF Stanford organization to balance its $1.5 billion budget, the two UCSF hospitals will not eliminate their deficits over the next two years without major changes in programs or the reconfiguration of services, administrators say.

UCSF Stanford must find another $100 million in savings or revenue gains to achieve a small operating margin by 2001 to allow for minimal improvements and investments, such as buying new medical equipment. Consolidating services at Mount Zion and UCSF Medical Center offers the best single opportunity to save money and to preserve the health of the entire organization, administrators say.

The UCSF Medical Center is facing the same fiscal challenges as all hospitals in an era of dramatic changes in health care financing. Not only have Bay Area employers and private insurers made major reductions in managed care premiums and payments to hospitals and doctors, but Medi-Cal continues to reimburse hospitals below the cost of providing care, said Bill Kerr, chief operating officer. The Balanced Budget Act of 1997 made deep cuts in Medicare, including reducing funding for graduate medical education. At the same time, costs for skilled labor, drugs and medical technologies as well as the costs of complying with an increasingly complex regulatory and reimbursement environment are rising, he said.

Mounting support

The board's decision to further review options came after about 30 health care workers, union representatives, patients, and community members spoke in favor of preserving services at Mount Zion. Patients praised Mount Zion for saving their lives and commended its staff for providing compassionate care. Faculty and staff spoke of the popularity and quality of its teaching and research programs, which would be limited if Mount Zion were to operate only outpatient services. Others voiced concern about access to health care, especially among the low-income and indigent populations.

Many urged the board to work in cooperation with the community and elected representatives to find a solution or at least postpone action until after the state audit reviews UCSF Stanford's finances. "Please do not cut off this lifeline to the San Francisco Bay Area. Do what is right and wait for the audit. Please use your wisdom and do what is right for the great Mount Zion community," said Ruben Chafee, who described himself as a public and religious educator and representative of the NAACP. He said his family has benefited from the "sweet and beautiful care" at Mount Zion for three generations.

The most comprehensive defense of Mount Zion came from its leaders, David Melnick, chair of the Mount Zion board of trustees which serves as an advisory group to administration, and Pearl, a surgeon for 21 years. Pearl is chief of a medical staff that includes 100 full-time faculty and 80 residents.

"We are unanimous in our belief that Mount Zion needs to develop long-term solutions to current problems," said Melnick, who submitted a report citing his concerns and urging the board to give Mount Zion more time to turn things around.

(SEE UCSF STANFORD ON PAGE 7)

UCSF team identifies gene crucial to regulating blood pressure

Researchers from UCSF have identified a gene that is critical in controlling blood pressure, a finding that could help in developing more effective therapies for hypertension.

High blood pressure, or hypertension, affects nearly 60 million American adults and is a leading cause of kidney failure. If uncontrolled, it also can damage major organs, such as the heart, brain, and arteries.

The gene, called sgk, mediates the effects of aldosterone, a key hormone for regulating sodium and water levels throughout the body. A disruption in the balance of these factors can result in blood pressure problems.

The researchers already knew that aldosterone was essential to maintaining normal blood pressure, but its definitive link with the sgk gene had not been made.

"Now that we know that sgk mediates aldosterone's effects, we can begin to devise ways of blocking its action. This holds the promise of providing better treatments for the millions of people with salt-sensitive hypertension," says David Pearce, UCSF assistant professor of medicine and cellular and molecular pharmacology, who treats patients at San Francisco General Hospital Medical Center.

While hypertension is the most common blood pressure disorder, there also are thousands of American adults who suffer from low blood pressure, which can cause serious health consequences. Development of new treatments targeted at the regulation of sgk would be effective for both of these conditions, according to Pearce.

Blood pressure is the force of blood against the walls of arteries in the body as it circulates to supply nutrition and oxygen to cells. Too high and the heart has to work too hard to pump blood through the vascular system; too low and blood doesn't move efficiently to all parts of the body.

CORINNA KAARLELA

Governor signs into law use of defibrillators with immunity

Governor Gray Davis on Monday signed into law legislation that provides immunity from civil liability to any person who acts in good faith using an Automatic External Defibrillator (AED) in saving the life of a cardiac arrest victim.

"Cardiac arrest is a life or death situation," Davis said. "Having an on-site Automatic External Defibrillator could maximize the chances of survival. This bill will encourage businesses to keep AEDs in easy-to-reach locations, leading to more people surviving potentially fatal heart attacks."

UCSF faculty have been heavily involved in campaigning for this legislation. Barbara Drew, associate professor in the School of Nursing, was recently awarded the Dr. John J. Sampson Exemplary Volunteer Award from the San Francisco division of the American Heart Association (AHA) for her efforts to make AEDs available in public places.

Drew's passion for more widespread AED use stems for her long career as an educator, researcher and coronary care unit nurse. "I have lost count of how many patients I have defibrillated over the years, but I know from experience that when done soon enough, defibrillation is a miraculous cure."

Indeed, when a person suffers from sudden cardiac arrest, for each minute that passes without defibrillation, that person's chance of survival decreases by 7 to 10 percent.

Authored by Senator Liz Figueroa and spearheaded by the AHA, the bill, SB 911, provides immunity for people who operate a new class of portable electric defibrillators that are easy to use by following the directions given out loud by the device during operation. The bill adds the use of the device to the state's "Good Samaritan" law, which grants civil immunity to people who in good faith render emergency care or treatment. California joins 23 other states with similar laws.

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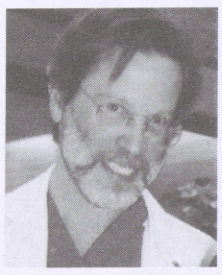
Gelb new chief of staff at SFGHMC



Gelb

Alan Gelb, chief of the department of emergency services at San Francisco General Hospital Medical Center since 1990, will lead SFGHMC into the new millennium as the new chief of staff.

Installed at the recent annual meeting of the SFGHMC medical staff, Gelb now begins a two-year term.

A UCSF clinical professor of medicine, Gelb is doing research in the treatment of severe seizures. He has been a member of the UCSF faculty and an attending physician in emergency medicine at SFGHMC since 1980. He has served on numerous hospital committees regarding critical care and has worked with city agencies in developing an emergency medicine delivery system.

Gelb received his MD degree and completed his residency training in internal medicine at UCSF. He earned his BA at UC Berkeley, where he graduated Phi Beta Kappa and was a Regents Scholar.

He succeeds Sylvia Villarreal, who has relocated in Taos, N.M., where she will treat pediatric patients in private practice.

Ten residents win Krevans awards

Ten residents at San Francisco General Hospital Medical Center have been named 1999 recipients of the Julius R. Krevans Prize for Clinical Excellence for their outstanding work with patients.

The awards were presented in mid-June at the hospital's annual medical staff meeting.

The Krevans Prize recognizes "excellence in patient care, as exemplified by clinical competence, professional conduct, concern for patients and interaction with all level of staff, including peers." Recipients are selected by the chiefs of the various medical departments at SFGHMC.

The award was established in 1979 by the Gladstone Institute of Cardiovascular Disease, a privately funded, UCSF-affiliated research institute on the SFGHMC campus. The award is named for former UCSF Chancellor Julius R. Krevans.

This year's recipients are above, left to right, Gupreet Dhaliwal, medicine; German Hernandez, medicine; Leticia Bradford, surgery; Pamela Swedlow, psychiatry; Julie Gilbert, surgery; and Elizabeth Wilson, family and community medicine. Not pictured are Arzou Ahsan, obstetrics/gynecology; Steven Brown, community medicine; Irene Marquez-Biggs, pediatrics; and Maria Shimizu-Ormiston, psychiatry.

Two elected to American Academy of Nursing

Two UCSF professors in the School of Nursing were recently elected into the prestigious American Academy of Nursing.

Mary White, UCSF associate professor in the department of community health systems, and Kathleen Puntillo, UCSF associate professor of physiological nursing, will be inducted as Fellows of the Academy in November. The honor recognizes their past accomplishments and potential future contributions to the nursing field.

As a pioneer in health care infection control, White was one of the first to study how infections spread within hospitals and how to prevent them. She is principal investigator of a novel clinical trial that is testing different motivational strategies among jail inmates diagnosed with latent tuberculosis, with the goal of encouraging continued treatment after their release. White also developed a master's program at UCSF for advanced practice nurses in clinical research management. She received her PhD in epidemiology at UC Berkeley and came to UCSF in 1990.

Puntillo was the first to comprehensively evaluate the pain critically ill patients experience and recently broadened her pain research to include patients admitted into emergency rooms. She is the lead investigator of a multi-site study of more than 5,000 patients that is assessing the amount of pain associated with commonly performed procedures such as wound dressing changes. Puntillo is the director of the Critical Care/Trauma and Acute Care Nurse Practitioner graduate programs. Puntillo received her MS and DNSc from UCSF and became a faculty member in 1993.

Established in 1973 under the aegis of the American Nurses Association, the American Academy of Nursing is an organization of about 1,200 distinguished leaders in nursing who have been recognized for their outstanding contributions to education, management, practice, and research.

VAMC's Kanas wins aerospace medical award

An expert on the psychological effects of space travel, Nick Kanas, associate chief of mental health services at the San Francisco Veterans Affairs Medical Center (VAMC) and UCSF professor of psychiatry, has been presented with the Raymond F. Longacre Award by the Aerospace Medical Association (AsMA). The award was presented on May 21 at the AsMA annual meeting held in Chicago.

Established to honor the memory of Major Raymond F. Longacre, USMC, the annual award recognizes outstanding accomplishments in the psychological and psychiatric aspects of aerospace medicine.

Kanas' current research is focused on two NASA-funded projects, one examining crew member and ground crew interactions during NASA/MIR missions. The second study also involves crew member and ground crew interactions but is focused on international space station missions. Both projects involve American astronauts and Russian cosmonauts, and will assess group tension, cohesion, and leadership.

Although the two studies are similar, the space station study will also examine the effects of a variety of languages and cultural backgrounds. This difference is of particular significance because the space station crew will include Americans, Russians, Japanese, and Canadians, as well as people from several European nations.

"It is particularly gratifying to be recognized by your peers," says Kanas. "Our area of research is quite specialized yet I think our findings are going to prove very valuable to the future of international space travel."

HIV InSite wins honors

The only web site on HIV disease that is written, edited, and maintained by frontline AIDS experts from a health sciences institution was honored recently in Washington, DC, by the Smithsonian Institution.

HIV InSite, whose address is http://hivinsite.ucsf.edu, was recognized as one of five finalists in the medicine category for the 1999 Computerworld Smithsonian Awards.

Established by a UCSF team two years ago, HIV InSite has totaled close to 14 million hits from an international audience, with an average of two million hits a month from more than 150 countries.

The award citation to HIV InSite called it one of the most comprehensive AIDS-related information resources in the world. Data about the web site now becomes part of the permanent research collection on information technology at the Smithsonian's National Museum of American History.

HIV InSite is a project of the UCSF Positive Health Program, and UCSF Center for AIDS Prevention Studies (CAPS), both of which are programs of the UCSF AIDS Research Institute.

PRIVATE SUPPORT

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CHRIS T. ANDERSON

Donald Abrams

Trials and tribulations of medicinal marijuana

BY PAULA MURPHY

A UCSF study on the effects of marijuana in patients with HIV infection is nearing completion, says principal investigator Donald Abrams, the only US researcher currently conducting a clinical trial on medical marijuana.

The historic study began at San Francisco General Hospital Medical Center (SFGHMC) in May 1998 after Abrams, professor of medicine at the UCSF AIDS Program, spent five years trying to secure government approval and funding. Abrams updated the campus community about the progress of the trial and described the tribulations of getting federal funding for this highly political project during a brown bag lecture at UCSF on July 7.

The current trial examines the influence of marijuana on the immune system and on the amount of HIV in the body, as well as on its potential interactions with protease inhibitors, which are very delicately metabolized, Abrams says.

"We know many patients smoke marijuana to relieve nausea and loss of appetite brought on by HIV disease and its treatments, but we don't know how tetrahydrocannabinol (THC) — the active ingredient in marijuana — interacts with HIV drug therapies," Abrams says. "The main goal of the study is to find out what is safe for HIV/AIDS patients."

It's an accomplishment in itself that Abrams and his colleagues have been able to enroll as many patients as they have. The study has strict inclusion and exclusion criteria — patients must be taking protease inhibitors; cannot be abusing any substances, including tobacco; and must be willing to spend 25 days in a tightly controlled environment at the General Clinical Research Center at SFGHMC. As a result, investigators have had to screen 15 people for every one deemed eligible for the trial.

Not everything has gone as smoothly as the enrollment process, however.

Since 1993, Abrams has been attempting to receive government go-ahead to conduct a study on smoked marijuana. Abrams says patients prefer smoking marijuana as opposed to taking THC orally (synthesized as dronabinol or Marinol) because they are better able to titrate the dose and control the onset and duration of the effect.

The chief opposition to medicinal marijuana is on moral or political – not pharmacological — grounds, says Abrams, quoting from the Merck manual. Although there is widespread public support for the medicinal use of marijuana, the government has been hesitant to fund research into the drug's therapeutic value and has only been willing to fund research into marijuana's negative effects, he says.

Abrams and the Community Consortium — the Bay Area's community-based HIV clinical trials organization — designed a pilot evaluation of smoked marijuana compared to oral THC in 1993 but could not secure a legal source of marijuana. Then the National Institute of Drug Abuse announced a new policy that marijuana-use protocols had to be submitted to the National Institutes of Health for peer review to qualify for a grant. It wasn't until 1997 when the Consortium's researchers submitted their third proposal, for a study that would evaluate the potential interaction between THC and widely prescribed protease inhibitors, that they received approval.

"Eventually the National Institute of Drug Abuse sent $1 million and 1,400 joints," Abrams says.

He says he is alarmed by the infringement on civil rights evolving around the issue of medical marijuana. Although California voters approved Proposition 215 in 1996, the law has yet to be implemented and has been aggressively challenged by the federal government.

Although one-fifth of the US population lives in states where legislation has been passed supporting the use of medicinal marijuana, the federal government has threatened to take away DEA licenses from physicians who recommend marijuana, exclude them from Medicare and Medicaid, and subject them to criminal prosecution.

But the political climate may be changing, at least in California, where a democratic governor and attorney general have been elected. Research into the medicinal effects of marijuana has also had high profile support from leaders in the medical field.

In March, the Institute of Medicine issued a report acknowledging marijuana's therapeutic value and called for more research. Also, Jerome Kassirer, the editor of the prestigious New England Journal of Medicine, who recently announced his resignation, has recommended reclassifying marijuana from a Schedule I to Schedule II drug so it can be prescribed more easily. Schedule I drugs, which include heroin, by definition have no accepted medicinal use and have a high potential for abuse.

"Dealing with all the politics and emotional issues all around it has been a challenge. People will continue to find whatever they want about this topic to support what they advocate."

research roundup

BY LORDELYN DEL ROSARIO

Accreditation system needs overhaul

Traditional evaluation processes for accrediting health professions programs are out of date due to changes in global health care and higher education and need to change, according to a report by a task force directed by the UCSF Center for the Health Professions.

The Task Force on Accreditation of Health Professions Education report recommends that accrediting agencies be more responsive to the needs of students and the public, adopt a uniform approach to accrediting all programs, and explore new technologies to streamline accreditation.

"Accreditation today is at a crossroads — caught between the 'old way' of doing things and demands for a 'new way' of doing business," says Edward O' Neil, director of the Center for the Health Professions, executive director of the Pew Health Commission, and a member of the task force. "Students have a right to know that the programs they enter will prepare them to be good physicians, nurses, dentists, or therapists. And members of the public have a right to know that the people to whom they entrust their health have the education they need to do their jobs well."

The accreditation process has become complex and inefficient, focussing more on rigid compliance with arcane rules than on improving the quality of educational programs that graduate new health professionals, according to the report.

Part of the problem with accreditation lies in the number of accrediting agencies, researchers say. More than 50 accreditation programs evaluate higher education programs for physicians, nurses, dentists, pharmacists, acupuncturists, and other health professionals. All of them use different standards and reporting requirements, creating more work for educational programs seeking accreditation and increasing the cost of accreditation.

In the report, the task force identified four major issues in accreditation:

- the need for a simplified process,
- the development of, and transition to, a process focused on improvement,
- the creation of closer linkages between the accreditation community and its stakeholders, and
- the use of generic benchmarks or standards.

Report calls for changes in health care training

To maintain quality of patient care in the future, changes need to be made in the training and use of allied and auxiliary health care workers — hospital support staff such as physical therapists, technicians, aides, and assistants — according to a report released by the California Twenty-First Century Workforce Project.

The project is an initiative by the UCSF Center for the Health Professions and is funded by the California HealthCare Foundation.

"Allied and auxiliary workers suffer from high turnover rates, ill-defined expectations, low pay, and inadequate training," says Jonathan Showstack, UCSF professor of medicine and health policy and co-director of the UCSF Center for the Health Professions. "We need to change how we train and use these workers. Otherwise, patient care is likely to suffer."

Allied and auxiliary workers, which include more than 200 professions and occupations, make up 60 percent of the country's 10.5 million-person health care workforce, according to the report.

These workers are being affected more than other health professions by the changes in the health care system, however, their concerns and contributions are often overlooked, says Showstack.

The report, titled The Hidden Health Care Workforce: Recognizing, Understanding, and Improving the Allied and Auxiliary Workforce, provides the following recommendations to make the allied and auxiliary work force more responsive to consumer needs:

- Align workers' skills with health care delivery standards which reflect general employment skills as well as core clinical and technical competencies and develop programs that meet the requirements and standards that are aligned with health care delivery standards.
- Prepare the workforce to deliver culturally sensitive healthcare.
- Create new types of work environments that emphasize quality, flexibility, service and cultural diversity.
- Prepare the workforce to improve the quality of patient care.
- Encourage participation among labor, education, and the workforce to promote change and quality improvement.
- Encourage allied and auxiliary workers to take advantage of career development programs to expand their opportunities.
- Change state regulations of these workers to allow more flexibility in the workplace.

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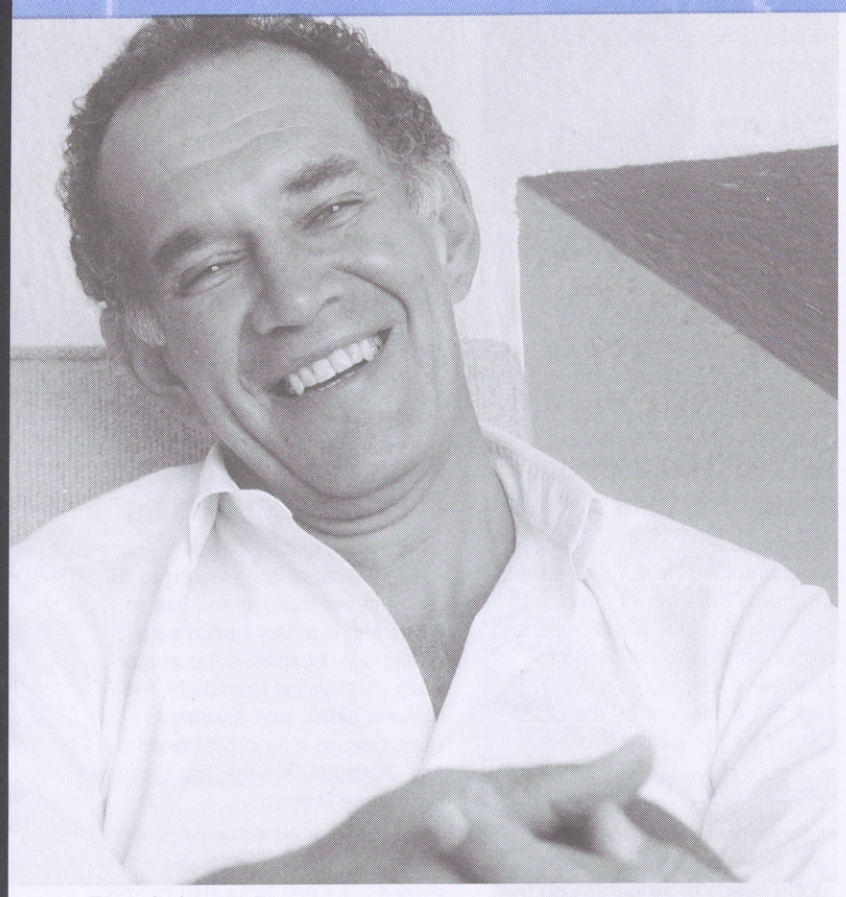
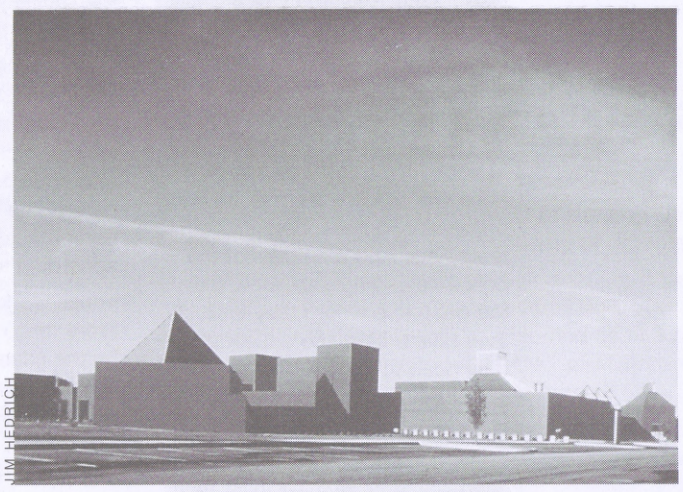
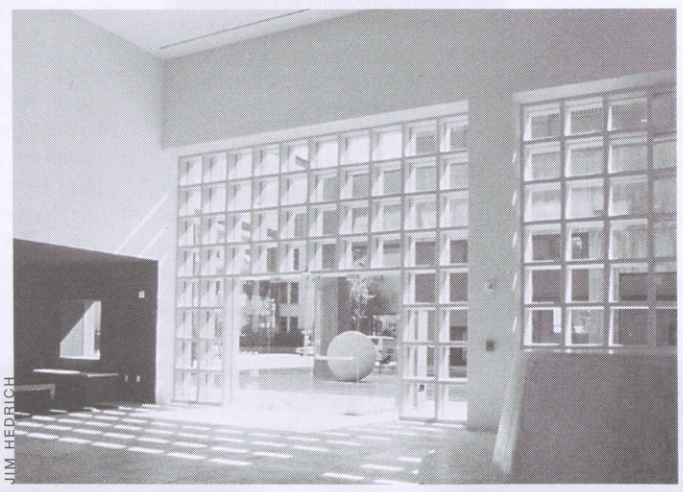


Ricardo Legoretta



JIM HEDRICH

Legoretta designed the College of Santa Fe Visual Arts Center in Santa Fe, New Mexico, pictured above, as well as several Bay Area landmarks, including the Chiron Corp. laboratories in Emeryville, shown below. The background image depicts the Solana Complex in Dallas, Texas.



JIM HEDRICH

Two renowned architects join Mission Bay campus

BY BILL GORDON

Two world-renowned architects – Ricardo Legorreta and Cesar Pelli – have been selected to design the buildings that will complete the first phase of the UCSF Mission Bay campus, a major new biomedical research and education center to be developed about a mile south of San Francisco's financial district.

Legorreta, founder of Legorreta Arquitectos in Mexico City, will design the campus community center at UCSF Mission Bay. Known for his use of vibrant colors and simple forms, Legorreta has received numerous awards for his designs and served for more than a decade as a member of the jury for the prestigious Pritzker Prize.

Legorreta designed several Bay Area landmarks, including the Tech Museum of Innovation in San Jose, the Children's Discovery Museum in San Jose, and the Chiron Corp. laboratories in Emeryville. He also is the architect of the planned Mexican Museum in San Francisco.

The community center building at UCSF Mission Bay will serve as a visual focal point for the new campus and as the hub of UCSF services for students, faculty, staff, and the general public. The 150,000-square-foot building, located at 16th and Owens streets, will be at the southwestern corner of a large green space planned for the center of the 43-acre campus site.

Peter Walker & Partners, a landscape design firm located in Berkeley, will serve as special consultants for the first phase of the Mission Bay project, including the campus green. Walker has collaborated with many major architects on projects around the world, including the Legorreta-designed IBM Solana at Westlake and Southlake, a highly acclaimed facility near Dallas.

Pelli, former dean of the Yale University School of Architecture and founder of Cesar Pelli & Associates in New Haven, Conn., will design a 165,000 square-foot research laboratory building at UCSF Mission Bay. The building, intended to serve as a major neuroscience research center, will be the second laboratory facility to be constructed at the new campus.

Pelli is known for numerous exceptional design projects throughout the world, including major performing arts centers, art museums, and corporate headquarters. He previously has designed research laboratory facilities for Yale University.

architecture

ay campus design team

In addition to the design architects, the UCSF Mission Bay Campus LLC, a nonprofit partnership between UCSF and the Bay Area Life Sciences Alliance which will develop the two buildings, has named local executive architects for each project. Legorreta will work with MBT Architecture. Pelli will work with Flad & Associates.

Other local members of the design team for the community center building include mechanical consultant NBA, electrical consultant GLUMAC, structural consultant Forrell/Elsesser Engineers Inc., and cost consultant Adamson & Associates.

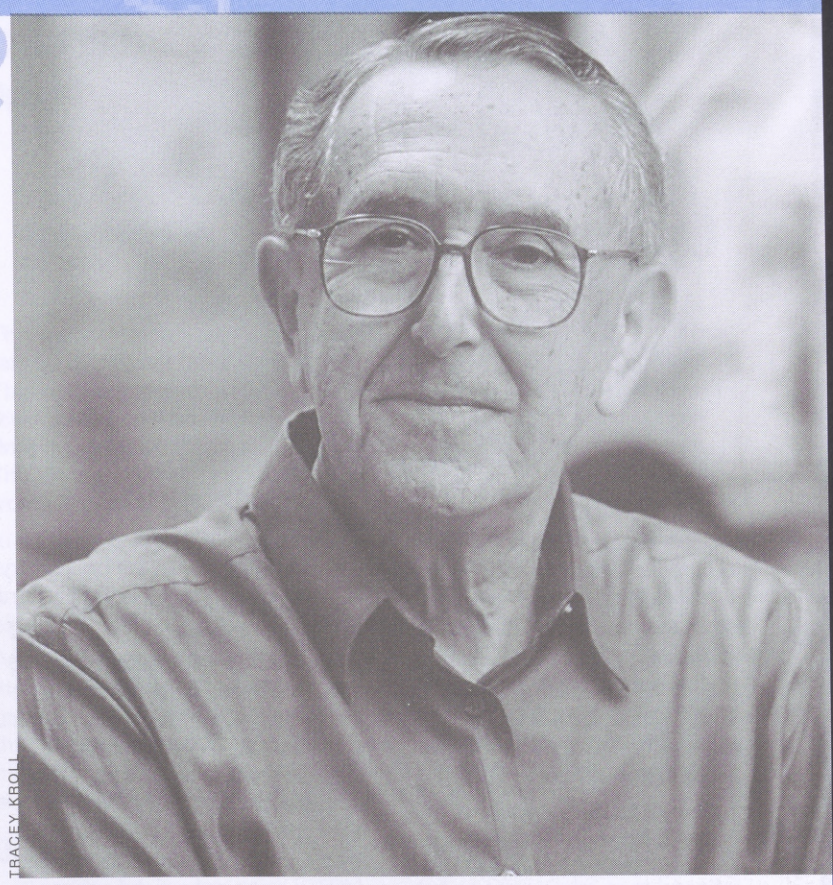
Additional local members of the design team for the neuroscience laboratory building include mechanical and electrical consultant Affiliated Engineers, structural consultant Forrell/Elsesser, laboratory consultant Earl Walls Associates, and cost consultant Hanscomb.

Planners hope to begin construction of the community center and neuroscience laboratory building shortly after work begins on the first laboratory building planned for UCSF Mission Bay.

UCSF plans to break ground for the first laboratory building in October with completion scheduled for 2002. The first building will house two umbrella research teams – the Structural and Chemical Biology group and the Molecular, Cell and Developmental Biology group. A new Center for Advanced Technology also will be located in the new facility.

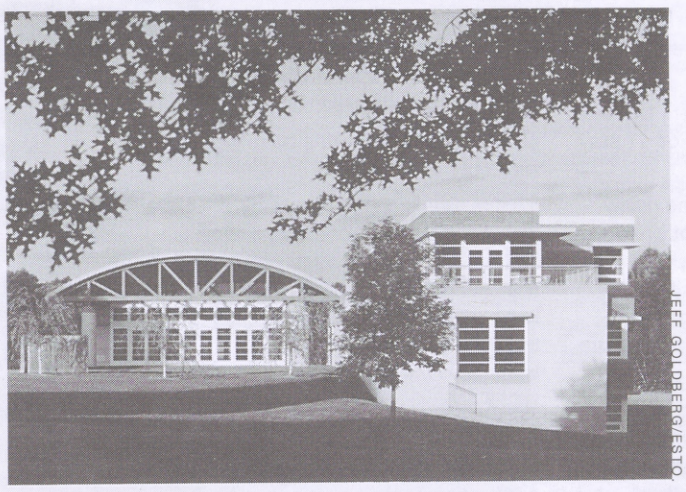
The design architect for the first building is Zimmer Gunsul Frasca Partnership in Los Angeles and the executive architect is SMP/SGH Inc. in San Francisco.

Construction of these first three buildings and development of the campus green will be the initial phase in the creation of UCSF's research and teaching campus. Over the next 20 years, UCSF plans to develop 2.65 million square feet of new research, teaching, and support space at the Mission Bay site, about three-quarters the size of the main Parnassus Heights campus.



TRACEY KROLL

Cesar Pelli



JEFF GOLDBERG/ESTO

Pelli's famous works include the Institute for Advanced Study in Princeton, New Jersey, above, and the Frances Lehman Loeb Art Center at Vassar College in Poughkeepsie, New York, below. The background image shows the Petronas Towers in Kuala Lumpur, Malaysia as photographed by Jeff Goldberg/Esto.

SCOTT FRANCES/ESTO

New telephone directories available

It's been three years since UCSF produced a telephone directory and the newest edition — to be distributed on campus beginning Monday, Aug. 2 — offers several new features. Among them:

- Email addresses are listed for about 42 percent of the people listed in the directory.
- A map of UCSF's newest campus location, Mission Bay, indicates the first phase of buildings to be constructed at the 43-acre research site, as well as maps of the Parnassus campus, San Francisco General Hospital Medical Center, Veterans Affairs Medical Center and UCSF/ Mount Zion.
- UCSF Stanford Health Care has its own section for the north campus, listing contact information for administration officers, frequently called numbers and numbers for departments and services. Callers can dial 476-1000 to find out how to reach an unlisted UCSF Stanford employee.
- All directories are now spiral bound instead of the old perfect bound editions, which don't stay open on a desk.
- The complete telephone numbers are now listed, not just the extensions, which alleviates the frustration people may feel if they don't know the entire number to dial when calling from outside the University.
- A prefix chart of dialing instructions shows how UCSF and UCSF Stanford employees can save money by dialing the 5-digit extension instead of dialing 9 for an outside line plus the full telephone number.

And while the publication of the printed version represents countless hours of work dating back to September 1998, undoubtedly the nature of printed publications and turnover of personnel may mean some information is already outdated. With that in mind, the new printed telephone directory, with a cover designed by Public Affairs' principal artist Andrew Boettcher, coincides with the release of the revamped online telephone directory.

The electronic version lists the most current information and update procedures at http://directory.ucsf.edu for all sections of the printed directory. Search facilities for departmental offices and general administrative officers will be added soon.

"We want to evaluate the effectiveness of the electronic directory as a supplement or replacement for the printed directory," says Ian Tuller, director of Information Technology Services.

Comments about the electronic directory may be sent to feedback@itsa.ucsf.edu.

The printed telephone directories will be delivered through campus mail services to departmental business officers, who will then distribute them to employees beginning the week of Aug. 2. UCSF Stanford will have a separate distribution.

Kathryn Hyde, the campus recycling coordinator, notes that the old campus directories should be recycled.

Fund Performance
ENDING JUNE 30, 1999

Total rates of return for the UC 403(b), DCP, and comparative indices

UC Fund/Index	1 Month	3 Month	12 Month	5 Year*	Year To Date
UC Savings Fund	0.48%	1.46%	6.08%	6.30%	2.96%
US T-Bill (1-Yr)	0.41	1.19	4.73	5.49	2.34
UC Money Market Fund	0.40	1.21	5.29	5.56	2.46
US T-Bill (30-Day)	0.40	1.10	4.63	5.09	2.26
UC ICCF Fund	0.55	1.68	7.16	7.61	3.39
US Gov't Intermediate Bonds**	0.32	-0.96	3.83	6.84	-2.19
UC Bond Fund	-1.06	-2.94	-1.10	13.93	-4.61
Lehman Bros. Gov't/Corp/Yankee	-0.31	-1.09	2.69	7.80	-2.27
UC Equity Fund	4.30	8.74	24.98	23.86	16.35
S&P 500	5.50	7.05	22.76	27.87	12.38
UC Multi-Asset Fund	1.64	3.30	11.17	13.61	6.19

*Annualized rate of return reflects average over the past five years.

** Gov't bond model. Ibbotson Associates.

Unit values for variable funds as of June 30, 1999:

Equity	$283.21
Bond	109.27
Multi-Asset	27.07

Unit values are similar to mutual fund share prices and change monthly to reflect changes in the market value of the fund's underlying investments, inclusive of interest and dividend income. Past performance is neither a guarantee nor a predictor of future returns.

Source: Jerry Neal, UCSF Benefits and Financial Planning

California 4ACURE

Join effort to stop AIDS

The public can join University of California scientists in an effort to stop AIDS by helping to raise funds for research by ordering special license plates.

The cost for the AIDS research license plate, emblazoned with the red ribbon, is $50 over the regular DMV registration fee for one set of license plates, plus an annual renewal fee of $40.

The license plates can be personalized up to six characters at the cost of $90 in addition to a $40 annual renewal fee. Existing personalized license plates can be converted to the AIDS research license plates for a fee of $90.

For more information or to receive an order form for the AIDS license plates, call 1-877/8 4 A CURE or visit www.4ACURE.org.

campus notes

UC selects medical plan carriers for 2000

The University of California has selected the companies to offer medical plans to UC employees, retirees, and their families beginning Jan. 1, 2000.

Having completed a comprehensive 18-month evaluation process, the University will retain Prudential to provide coverage for UC Care, High Option, and Core, and will now also provide the prescription drug coverage under those plans.

The behavioral health coverage will be provided by United Behavioral Health (UBH), one of the nation's top behavioral health care companies and headquartered in San Francisco. Providing behavioral health care services to California employees and their families since 1979, UBH has a strong clinical focus and is progressive in areas of research and clinical studies. Its telephone referrals are handled by master's-level clinicians, who are available around the clock.

As a result of the bid selection process, UC will continue to offer HMO coverage by HealthNet and PacifiCare.

HMO plans that were not rebid, but that UC will continue to offer are Kaiser plans (North and South) and Western Health Advantage. The University will work with these plans, as well as those selected from among the companies that submitted bids, to obtain a consistent response to issues of concern to its members.

"This is good news for the University," says Judith W. Boyette, associate vice president of Human Resources and Benefits. "In today's health care climate, where mergers, acquisitions and consolidation are commonplace, it's great to be able to provide stability to the UC community. We know that our plans continue to be the best plans available."

During the coming months, UC will negotiate specific performance standards with the plan carriers and complete the contracting process. More details about the year 2000 coverage will be announced in the coming months in preparation for open enrollment.

UCSF offers guide for eating disorders

The National Center of Excellence in Women's Health recently developed a Resource Guide for Disordered Eating which summarizes services for people with anorexia, bulimia, obesity and other eating issues.

More than 5,000 postcards advertising the guide were sent to schools, gyms and doctors' offices in several Bay Area counties and response has been overwhelming.

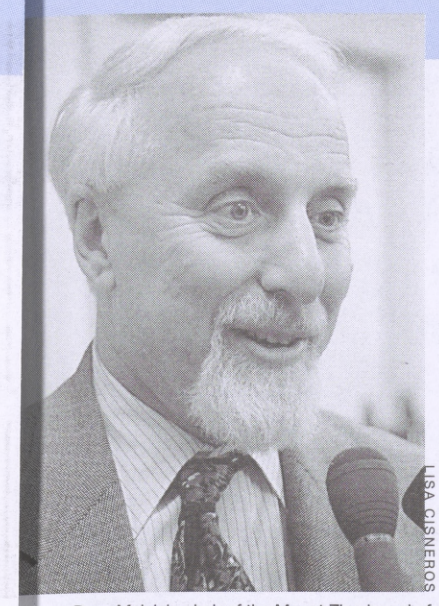
To receive a guide, either email ucsfcoe@itsa.ucsf.edu or call 885-7273.

Langley Porter to offer parenting classes

Beginning this fall, Langley Porter Psychiatric Institute will offer two series of parenting classes:

- "Sanity, Parenting, and Adolescents," meets on Monday, Sept. 20, from 6 to 7:30 p.m. and continues for eight consecutive classes. This series will help parents survive and thrive during their children's shift into adolescence. For more information, contact Jane Stecher, licensed clinical social worker, at 476-7261.
- On Wednesday, Sept. 22, from 6 to 7:30 p.m., an 8-week parenting class begins, titled "Help for Parents of Challenging Kids," between the ages of 2-12. This series focuses on limit setting and promoting positive behaviors. For more information, call Emily De La Rosa, licensed clinical social worker, at 476-7465.

Each series is offered for $200 per family- for the entire series. Children do not participate in these classes. Pre-enrollment is required.



LISA CISNEROS

Dave Melnick, chair of the Mount Zion board of trustees, reacts to the UCSF Stanford board's decision to further review alternatives for restructuring Mount Zion at a press conference.

UCSF Stanford explains pros and cons of options for Mount Zion

While the UCSF Stanford Health Care board indicated it would consider other alternatives to reduce the operating deficit at UCSF/Mount Zion, it heard for the first time last week a full report of the pros and cons of three options presented by UCSF Stanford administrators.

Patty Perry, senior vice president of strategic development, outlined the three options, reviewing the financial and programmatic advantages and disadvantages of each. Bill Kerr, chief operating officer, discussed the operational and community impacts of the options. Lee Goldman, associate dean for medical affairs and UCSF faculty representative to the UCSF Stanford board, presented an analysis of the impact on academics.

All of the options involve some consolidation of inpatient hospital services between UCSF Medical Center and Mount Zion. Significant savings are possible by eliminating the duplication of 24-hour, seven-day per week services including the emergency department, critical care units, the full range of diagnostic services, and support services such as food service, administrators say.

Option 1:

- Transfer inpatient and emergency activity to UCSF Medical Center (UCSF)
- Cease operating inpatient beds and ancillaries in Mount Zion's main hospital
- Continue to operate faculty practices, outpatient cancer center, limited medical office ancillaries, and outpatient and 23-hour surgery at Mount Zion
- Re-license outpatient functions as part of UCSF.

Under this option, UCSF Stanford would substantially expand emergency department and critical care capacity at UCSF. The option would result in the largest annual savings -- $23.5 million. It assumes that all faculty inpatient and related outpatient ancillary volume transfers to UCSF and that all community physician inpatient and outpatient volume goes to other hospitals.

Among the advantages, this option would relieve UCSF Stanford of the risk of operating a small hospital with a long history of operating losses and avoids the $24.5 million in costs necessary to meet seismic and life safety standards for hospitalized patients. This option would concentrate operating resources, capital investment and management attention to a single hospital offering the highest level of care.

This option would require one-time capital costs of $12.9 million ($10.1 million at UCSF and $2.8 million at Mount Zion) and would mean a loss in UCSF School of Medicine professional fee income ranging from $3.5 to $7.8 million. This option's many disadvantages, include irrevocable loss of Mount Zion's history as an acute care hospital, withholding emergency treatment, loss of community physicians who would likely move their patients to other community hospitals, disruption of teaching programs for medical students and the potential loss of faculty. This option also would cause operational problems bringing faculty practices back to an already crowded UCSF.

Option 2:

- Continue outpatient operations at Mount Zion as in Option 1
- Operate a small unit for low-intensity stays of 72 hours or less, largely post-procedure
- Transfer emergency care, critical care and remaining inpatient faculty activity to UCSF
- Consider future cooperative care functions.

The second option also assumes that all residual faculty volume transfers to UCSF and the loss of almost all community physician volume. This option is projected to save about $14.1 million annually with one-time capital costs of $10.6 million at UCSF and $24.5 million in one-time capital improvements for seismic and life safety improvements. The School of Medicine losses in professional fee income would range from $2.7 million to $5.5 million.

In addition to the disadvantages listed under the first option, this option also may create more inefficiencies at the limited care facility and some faculty surgeons are likely to have to split their time traveling between UCSF and Mount Zion to see patients.

Among the advantages, this option would free up operating room facilities at UCSF, creating potential for growth and it could help the progression to cooperative family care and assisted outpatient care. And this option has greater potential to maintain the relationship with community physicians and to transition to a long-term hospital if circumstances change.

Option 3:

- Continue to operate Mount Zion as a full-service acute care hospital for adult patients
- Transfer additional cancer program and volume from UCSF Medical Center
- Backfill beds and operating room capacity at UCSF with new program growth.

The last option assumes that moving other programs such as adult cardiac services to UCSF would not be economically viable because of capital investment needs. It is projected to save a maximum of $2.6 million annually -- only if all vacated beds at UCSF were filled with adult patients. This option would require $12 million in expansions and $24.5 million in seismic and infrastructure upgrades at Mount Zion.

Advantages in this option include no loss in professional fees to the School of Medicine and more cohesion for cancer center programs. It also allows more capacity for growth for clinical and academic programs. This option would not disrupt medical student teaching programs.

Among the disadvantages in this option is that it offers no immediate financial improvement and no significant improvement over the next several years. It also continues the risk of operating both hospitals, especially since UCSF Stanford would need to make even greater capital investments at Mount Zion.

(UCSF STANFORD FROM PAGE 1)

For example, he suggested, UCSF Stanford could apply for one joint operating license for UCSF Medical Center and Mount Zion to reduce expenses for the hospital accreditation process.

Melnick pledged a $5 million contribution from the Mount Zion Health Fund, a nonprofit community endowment, as an enticement to help keep the hospital's emergency room and inpatient services open for 18 months until construction of the new $40 million outpatient cancer center, located adjacent to Mount Zion, is completed.

Melnick and others said they are skeptical about the accuracy of the financial losses attributed to Mount Zion. He questioned a $5.5 million loss associated with radiation oncology, a service not currently offered at Mount Zion. The loss is attributed to Mount Zion because Mount Zion pays the UCSF Medical Center for providing those services, administrators explained after the meeting. Such "intra-company transfers" occur when patients in one hospital receive services from another, they say. Mount Zion's own radiation oncology services were combined at UCSF Medical Center as an interim measure until the cancer center at Mount Zion opens in April, when it will offer radiation therapy services in a modern facility.

Laurel Hodgson, director of the Mount Zion ER, was critical of the management of the merger and also urged the board to work with the Mount Zion staff, who have demonstrated their "commitment, dedication, energy and family spirit."

"Given the time and a well thought-out plan, we can and we will make Mount Zion economically viable," she said.

Supervisor Amos Brown addressed the emotional and symbolic significance of Mount Zion, saying the hospital has contributed to the "health and happiness of this community." He and others testified that Mount Zion is considered a haven serving diverse, low-income patients and offering health care and employment to African-Americans once shunned elsewhere.

Four primary care residents, among the 30 working at Mount Zion, also asked the board to maintain Mount Zion's status as a full-service teaching hospital. "Loss of an acute medical care facility would undo UCSF's many years of effort to establish itself as an institution with close ties with the community," said one resident.

Concerned about cutbacks in personnel and programs, four Bay Area legislators requested in June that the state auditor review UCSF Stanford's finances and operational changes that have occurred since the November 1997 union of UCSF Medical Center and Stanford Health Services.

UCSF Stanford administrators first questioned the state auditor's authority to audit a private nonprofit organization, but agreed last week to make its financial records available after their procedural concerns were answered, said Mike Lassiter, UCSF Stanford spokesman.

The state review, to be limited in scope, would update the state auditor's September 1997 report that concluded that while UCSF and Stanford may have overstated the financial benefits of the merger, the consolidation should make the partners fiscally stronger with aggressive cost-cutting.

Jackie Speier, who chairs the Senate Select Committee on Government Oversight, said she would delay a public hearing on the merger until after the audit is completed.

Mounting losses

UCSF Stanford administrators first began looking at how to restructure services at Mount Zion in May. But the hospital has had a history of operating at a deficit both before and after it integrated with UCSF in 1990, said Kerr.

In subsequent years, UCSF has invested heavily in developing new patient programs at Mount Zion, including expanding primary care clinics and creating a multidisciplinary cancer center that is expected to receive designation as a National Cancer Center in the near future. Two new medical office buildings and a cancer research building have been built nearby. The outpatient cancer treatment center will open in April.

Yet despite more than $130 million in capital improvements in the area, Mount Zion continues to lose money, Kerr said. Losses totaled $159 million between 1992 and 1998. Prior to this year, the UCSF Medical Center generated enough money to be able to offset Mount Zion's losses.

In addition to changes in health care financing, the delivery of care has been transformed as developments in research and technology allow health care professionals to give complex care that requires very short hospital stays or no overnight stay at all. Developments in minimally invasive surgery, cancer chemotherapy and drug therapies for HIV, to name a few, once required hospitalization but are now done on an outpatient basis. Mount Zion's acute care census has declined from about 150 patients per day to about 100 since 1989.

None of the options offered by administrators would close Mount Zion, Kerr said. Under all options, Mount Zion would maintain the outpatient cancer center and the faculty physicians' practices in the medical office buildings, including active primary care practices in general internal medicine, general pediatrics and obstetrics-gynecology.

By consolidating services at UCSF and Mount Zion, UCSF Stanford could achieve savings by eliminating the high, duplicative fixed costs of running two general acute care hospitals and could secure certain reimbursement benefits under Medicare rules, administrators say. Due to a complicated federal formula for Medicare funding, UCSF Stanford is reimbursed less for Medicare patients served at Mount Zion than at the UCSF Medical Center.

Following a decision by the UCSF Stanford board, administrators will give appropriate notice to the San Francisco Health Commission and the Emergency Medical Services Section of the Department of Public Health of San Francisco as well as to licensing authorities, following all review procedures, administrators say.

The UCSF Medical Center is using temporary workers to help save jobs for Mount Zion employees, should they be displaced, Kerr said.

reduce your use

15

The amount in percent more energy the US uses per person, than the typical developing country.

University of California San Francisco

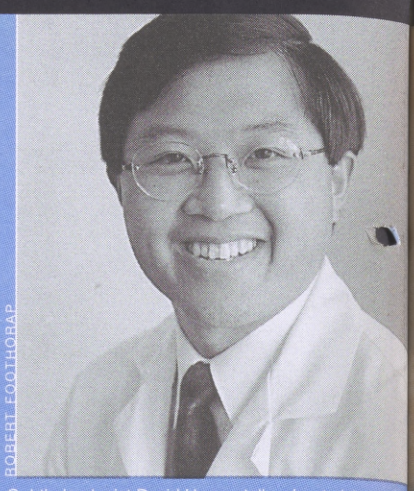
UCSF

Facilities Management
Water and Energy Awareness

www.fm.ucsf.edu/energy.htm

calendar

July 31 – August 20, 1999



ROBERT FOOTHORAP

Ophthalmologist David Hwang talks about vision correction on Aug. 18. See listing for details.

31 saturday

GOLF CLASS: Millberry Programs & Services offers the "ABCs of Golf," Mission Bay Golf Course, San Francisco. Learn putting, swinging and sand play. Fees. Call 476-1115.

AUGUST

2 monday

NUTRITION COUNSELING: The Cancer Resource Center offers "Free Nutrition Counseling," from 10 a.m. to 5 p.m., 2200 Post St. Learn ways to support your body during and after cancer treatment and discuss your dietary concerns with a registered dietitian. For an appointment, call 885-3693.

ALEXANDER TECHNIQUE: Millberry Programs & Services offers classes on the "Alexander Technique," 5-5:55 p.m., Millberry Union Fitness Center. Discover how to use your body with less tension and more efficiency and build your energy level. Fees. Call 476-1115.

FOR YOUR EYES ONLY: Richard Abbott, professor of clinical ophthalmology and co-director, cornea & refractive surgery service, presents "Better Vision Now," 6 p.m., 8 Kirkham St. Learn new surgery options for vision correction. Call 476-5021.

3 tuesday

HEALING THROUGH DANCE: Anne Krantz, licensed clinical psychologist and dance/movement therapist, presents "Healing Through Dance for Cancer Patients & Survivors," Tuesdays, 11 a.m.-12:30 p.m., Mount Zion Cardiac Care Gym, first floor, C 101. Enter at 1600 Divisadero St. Dance provides cancer patients and survivors healing opportunities through dance expression, healthful movement, and psychosocial support. Sponsored by the Ida & Joseph Friend Cancer Resource Center. To register, call 885-3693.

CANCER PROGRAM: The UCSF Clinical Cancer Center and Ida & Joseph Friend Cancer Resource Center offers a support group titled "The Nu-Voice of San Francisco," 1:30-3 p.m., 2200 Post St. This is a general support group and open forum. Guest speaker is Carla Gress, speech and language pathologist. Call 587-1841.

4 wednesday

GI FELLOWS COURSE: Tony Bass, GI Division, presents "Ascites, Encephalopathy and Hepatorenal Syndrome," 8-9 a.m., S 214, Parnassus.

GI GRAND ROUNDS: Steven Z. Pantilat, department of medicine, presents "Care of the Dying Patient," 9-10 a.m., S 214, Parnassus.

BROWN BAG LECTURE: Alton Lacy, associate professor, restorative dentistry, presents "Beautiful Teeth For Everyone!" 12:10 p.m., enter at 513 Parnassus, then go to HSW 300. Hear a review of new technologies and options with before-and-after case studies. Sponsored by Public Service Programs. Call 476-4394.

5 thursday

MEDICAL GRAND ROUNDS: Frederick M. Hecht, assistant clinical professor of medicine, Positive Health Program, SFGHMC, presents "Acute HIV: From Diagnosis to Public Health," noon-1 p.m., N 225, Parnassus. Sponsored by the department of medicine.

AWARENESS THROUGH MOVEMENT: Millberry Programs & Services offers classes on the "Feldenkrais Method," 1:10-2:10 p.m., Thursdays through Aug. 26, Millberry Union Fitness Center, Parnassus. Strengthen your body/mind connection. Improve flexibility and posture. Call 476-1115.

PREPARE FOR SURGERY: The Cancer Resource Center offers "Prepare for Surgery Workshop," 5:30-7:30 p.m., 2356 Sutter St., first floor. This workshop utilizes mind-body techniques to help you relax and achieve a state of mind conducive to healing. To register, call 885-3693.

6 friday

BROWN BAG LECTURE: James H. Katzel, family practice, Diplomate, CAQ Geriatrics, Infectious Disease, and Lyme Disease & Tick-Borne Disease Clinic, UCSF Stanford Health Care, presents "Lyme Disease Diagnosis, Treatment and New Vaccine," 12:10 p.m., Mount Zion, Herbst Hall, 1600 Divisadero St. Learn to recognize Lyme Disease and become familiar with the controversies. Sponsored by Public Service Programs. Call 476-4394.

7 saturday

MEDICAL EDUCATION PROGRAM: The UCSF-Fresno Medical Education Program presents the "4th Annual Update in Primary Care," Aug. 7, 7:45 a.m.-6:45 p.m. & Aug. 8, 7:30 a.m.-12:15 p.m., Doubletree Hotel, Monterey. Learn to appreciate the advantages and disadvantages of the hospitalist model for inpatient care; understand diagnosis and management of asthma; learn how to obtain informed consent and more. Sponsored by the UCSF School of Medicine. Fees. Call 559/225-6100, ext. 5419.

9 monday

MICROSOFT CLASS: Facilities Management offers "Microsoft Access 97: Level 1," 9 a.m.-4 p.m., Aug. 9 & 10, 3130 Harrison St. This course teaches the basic database concepts and features of Access. Fees. Call 597-9247 or email: fmtraining.fm.ucsf.edu.

NUTRITION COUNSELING: See Aug. 2 listing.

ALEXANDER TECHNIQUE: See Aug. 2 listing.

FOR YOUR EYES ONLY: Stephen McLeod, assistant clinical professor of ophthalmology, cornea & refractive surgery service, presents "Better Vision Now." See Aug. 2 listing.

10 tuesday

HEALING THROUGH DANCE: See Aug. 3 listing.

FIRST AID BASICS: Outdoors Unlimited offers a class on "Standard First Aid & Adult CPR," 6-10 p.m., location to be determined. Learn first aid basics, CPR and earn Red Cross certification. Fees. Call 476-0417.

CANCER SUPPORT: The UCSF Clinical Cancer Center and Ida & Joseph Friend Cancer Resource Center offer a support group titled "Family Support Group for Patients with Leukemia, Lymphoma, Multiple Myeloma & Hodgkin's Disease," 6-7:30 p.m., 2200 Post St. Carla Gress, speech and language pathologist, is guest speaker. Call 587-1841.

11 wednesday

GI FELLOW COURSE: Doug Corley, GI division, presents "Non-Bleeding GI Emergencies," 8-9 a.m., S 214, Parnassus.

GI GRAND ROUNDS: Francis Yao, GI division, presents "Hepatitis B: New Antiviral Therapy and Liver Transplantation," 9-10 a.m., S 214, Parnassus.

BLOOD DRIVE: Donate blood, 10 a.m.-3:30 p.m., Mission Center Building, room 126. Tasty refreshments and great raffle prizes. Call 476-6989.

BROWN BAG LECTURE: Steven Pantilat, assistant clinical professor, medicine and faculty scholar, Soros Foundation, Project on Death in America, presents "A Good Death," 12:10 p.m., enter at 513 Parnassus, then go to HSW 300. Participate in a discussion on ways to improve the care of the dying so that each person can achieve his or her vision of a good death. Sponsored by Public Service Programs. Call 476-4394.

MANAGE STRESS: Millberry Programs & Services offers a "Stress Management Workshop," 6-9 p.m., Millberry Union Conference Center, Parnassus. Learn to recognize the signs of stress, discover survival techniques to improve your ability to cope, and gain practices that promote a sense of calm well being. Register 72 hours prior to workshop date. Fees. Call 476-1115.

12 thursday

MEDICAL GRAND ROUNDS: Kenneth R. McQuaid, associate professor of clinical medicine, VAMC and UCSF, presents "MALToma," noon-1 p.m., N 225, Parnassus. Sponsored by the department of medicine.

AWARENESS THROUGH MOVEMENT: See Aug. 5 listing.

13 friday

CANCER SUPPORT: The UCSF Clinical Cancer Center and Ida & Joseph Friend Cancer Resource Center offer a support group entitled "Head & Neck Cancer," 1:30-3 p.m., 2200 Post St. Call 885-7623.

VIOLENCE PREVENTION: The UCSF/Mount Zion Violence Prevention Project hosts "Safe Night Western Addition," Ben Franklin Middle School, 1430 Scott St. Safe Night is a party for middle-school aged kids that teaches how to resolve conflicts peacefully. Free to kids age 11 to 14. For an invitation, call 885-7636.

16 monday

NUTRITION COUNSELING: See Aug. 2 listing.

ALEXANDER TECHNIQUE: See Aug. 2 listing.

FOR YOUR EYES ONLY: John Stanley, professor of clinical ophthalmology, cornea & refractive surgery service, presents "Better Vision Now." See Aug. 2 listing.

17 tuesday

HEALING THROUGH DANCE: See Aug. 3 listing.

BROWN BAG LECTURE: Bonnie Halpern-Felsher, assistant professor, pediatrics and division of adolescent medicine, The Center for Health and Community, presents "Minimizing Risk: What Adolescents Don't Hear," 12:10 p.m., Mount Zion, Herbst Hall, 1600 Divisadero St. Learn what kind of health strategies works best for teenagers. Sponsored by Public Service Programs. Call 476-4394.

18 wednesday

GI FELLOW COURSE: Ken McQuaid, GI division, presents "Principles of Electro Cauter," 8:30-9:30 a.m., S 214, Parnassus.

WEB PUBLISHING CLASS: Facilities Management offers a class on "Microsoft Frontpage," 9 a.m.-4 p.m., Aug. 18 & 19, 3130 Harrison St. This course teaches basic web creation and management skills. Fees. Call 597-9247 or email: fmtraining.fm.ucsf.edu.

GI GRAND ROUNDS: Craig Pepin and Edward Lung, fellows, GI division, present "Unknown Cases," 9:30-10:30 a.m., S 214, Parnassus.

BROWN BAG LECTURE: A. James Barkovich, professor, radiology, neurology, pediatrics, neurological surgery, presents "The Drama and Disorders of the Developing Brain," 12:10 p.m., enter at 513 Parnassus, then go to HSW 300. Learn about neuroimaging tests used in children and discuss how they assess the structure and function of the brain. Sponsored by Public Service Programs. Call 476-4394.

FOR YOUR EYES ONLY: David Hwang, associate professor of clinical ophthalmology and co-director, cornea & refractive surgery service, presents "Better Vision Now." See Aug. 2 listing for more details.

19 thursday

TOUR MISSION BAY: Public Service Programs offers tours of Mission Bay, noon, every third Thursday of each month. Tours begin and end at the UCSF library. View the area where UCSF will break ground in October for the first research building at the 43-acre research campus and stop at the Catellus Mission Bay Visitor's Center, to see plans for the revitalization of the entire 303-acre neighborhood. Interested participants must call 476-4394 at least a week in advance to reserve a spot. Tours of UCSF's main campus on Parnassus Avenue are also available upon request and with a reservation.

MEDICAL GRAND ROUNDS: Marshall L. Stoller, associate professor in residence, dept. of urology, presents "Stone Disease," noon-1 p.m., N 225, Parnassus. Sponsored by the department of medicine.

AWARENESS THROUGH MOVEMENT: See Aug. 5 listing.